



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8991987
Outpatient Patient Service Revenue	\$72064009
Total Gross Patient Service Revenue	\$81055996

2. Deductions From Revenue

Contractual Allowance	\$50712765
Other Deductions	\$240796
Total Deductions	\$50953561

3. Total Operating Revenue

Net Patient Service Revenue	\$30102435
Other Operating Revenue	\$841426
Total Operating Revenue	\$30943861

4. Operating Expenses

Salaries and Wages	\$7763842	Employee Benefits	\$2035356
Depreciation and Amortization	\$1893815	Interest Expense	\$1060020
Bad Debt	\$2934859	Other Expenses	\$15361896
Total Operating Expenses	\$31049788		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-105927	Total Assets	\$57814599
Net Non-operating Gains over Loss	\$444638	Total Liabilities	\$57814599

Total Net Gains	\$338711
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42545936	\$28581269	\$13964667
Medicaid	\$12169628	\$8831565	\$3338063
Other Government	\$1014317	\$646184	\$368133
Other State	\$0	\$0	\$0
Other Payers	\$25326115	\$15829402	\$9496713
Total	\$81055996	\$53888420	\$27167576

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$66814	\$-66814

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$11390	\$-11390
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	89

Statement Six: Charity Statement

Hospital Charity Charges	\$2574296
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$847876	
HCI Payments	\$0		
Subtotal	\$0	\$847876	\$-847876
Medicaid Shortfalls	\$2562037	\$5125675	
Subtotal	\$2562037	\$5973551	\$-3411514
DSH Payments	\$0		
Subtotal	\$2562037	\$5973551	\$-3411514
Medicare Shortfalls	\$13122908	\$13101833	
Other Government Programs	\$0	\$0	
Total	\$15684945	\$19075384	\$-3390439

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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